

The Commonwealth of Massachusetts

Registry of Motor Vehicles One Copley Place Boston, MA 02119

www.mass.gov/rmv

Kimberly Hinden Registrar

Mail: Section 5 Division P.O. Box 199172 Boston, MA 02119-9172 (617) 351-9272

Dear Owner/Contractor Applicant:

An "Owner/Contractor" is defined as any person who is not a manufacturer, dealer, or repairer who owns a fleet of ten (10) or more vehicles, special mobile equipment, mobile construction cranes, or a combination thereof, that is used or leased exclusively in the Owner/Contractor's principal business. The Owner Contractor must also maintain an establishment with facilities for the repair, alteration, or equipment of such vehicles or trailers.

"Special Mobile Equipment" is defined as a motor vehicle that is principally designed to conduct excavation or lift building materials at a public or private construction site and is operated on a way for the sole purpose of transportation to or from the construction site and has a gross vehicle weight of at least 12,000 pounds. This definition shall not include a motor vehicle that is designed to carry passengers, or any load, on a way.

Trucks, including pickup trucks, and trailers not meeting the above requirement can <u>not</u> be operated with an Owner/Contractor plate.

It will be necessary for you to furnish copies of the following documents in order to obtain Owner/Contractor plates:

- 1. Business certificate from the city or town in which you are doing business.
- 2. Corporation papers from the Secretary of State, Department of Corporations and Taxation (if applicable).
- 3. Federal Identification Number/Employer Identification Number (FID/EIN)* from the Department of the Treasury, Internal Revenue Service. If you currently have an FID/EIN, please enclose a copy of one of the following most common forms of proof of an FID/EIN:
 - Top part of Form 942 Department of the Treasury Employer's Quarterly Federal Tax Return.
 - Form 8109 Federal Tax Deposit Coupon.
 - Any letter form the IRS to the Corporation/Company, showing the Corporation/Company name and FID/EIN.
 - *Top part of Form 940* Department of the Treasury Internal Revenue Service US Income Tax Return for a subchapter 'S' Corporation.

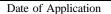
Please complete the enclosed questionnaire and return it to this office. A return envelope is provided for your convenience. Your request will be referred for investigation and you will be notified of the result.

* If you do not have an FID/EIN, you can obtain one from the Internal Revenue Service at 978-474-9717.

Note: The business name or corporation name must be spelled exactly the same on all of the above documents.

NOTE: Compliance Decals: Except for a 'Dealer,' a general registration holder must have a 'Compliance Decal' affixed to each motor vehicle or trailer he or she owns (or leases) that is operated with the assigned General Registration Number Plate. The presence of the Compliance Decal indicates the sales tax (M.G.L. c. 64H) has been paid and that title (M.G.L. c.90D) has been obtained. You will be asked to provide tax and title documentation for each vehicle before any plates can be assigned.

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Application For Owner/Contractor Registration

CONTRACTOR TYPE: (check all boxes that apply)			
q General Contractor q Government Agency q	Rent or lease storage	trailers or mobile offic	e trailers
q Rental agency of motor vehicles or trailers to public q	-		
Short term rental/leasing of specialized motor vehicles	•		
mobile construction cranes)		salaction (e.g. special	moon e equipamen e or
SECTION 1:			
Primary Owner Information			
q Individual q Corp./Co. Number of plate.	s requested	-	
MA License or ID number	FID Nur. (Corp.	mber //Co. or Individual with	n a business name)
Name:		1	- -
Last	First	MI	DOB
Corp./Co. Name:			
Address:		<u></u>	
Street	City	ST	Zip Code
Secondary Owner Information (if necessary)			
	1 1		
MA License or ID number			
Name:			
Last	First	MI	DOB
A ddwaga			
Address: Street	City	ST	Zip Code
	City	21	Zip cout
SECTION 2:			
Business Information			
Nama			
Name: (If the Corp./Co. name is the same as in Section 1, write "	same". If not, fill in the	e husiness name and i	attach a copy of the
Business Certificate issued by your municipality. If you ar			
must supply a license number and an FID/EIN.)	_		
•			
Location: Street	City	ST	Zip Code
Sueet	City	51	Zip Code
Mailing Address:			
Street	City	ST	Zip Code
(Complete if different than Business Location, if not write	e "same".)		
Tele. No. () - Pager No. (
(Vou must be available for a site visi	it by the State Police		

SECTION 3:

1.	As an owner, do you current (e.g., Dealer, Repairer, Owner Co	ontractor, Transporter, or Farmer.)				
	1a. If yes, completePlate: Type	the following information. Number	Status:	q Active q Exp	ired q Canceled	
	1b. If yes, has the p	late been suspended or revoked	?		q YES q NO	
2.	If the business is a corporati	on please list officers:				
		President				
		Treasurer				
		Clerk				
3.	How many motor vehicles a					
		· · · · · · · · · · · · · · · · · · ·				
4.	what is your principal busi	ness? (If a Contractor, state the	kind or type of business	S.)		
						<u> </u>
5.	Is your fleet of motor vehicle	es or trailers used exclusively by	you in your principal t	business?	q YES q NO	
5.6.		es or trailers used exclusively by	air, alteration, or equipp	ing of your fleet or	f motor vehicles or traile	ers?
		hment with facilities for the repa	air, alteration, or equipp	ing of your fleet or	f motor vehicles or trail	ers?
	Do you maintain an establis	hment with facilities for the repa	air, alteration, or equipp	ing of your fleet or	f motor vehicles or trail	ers?
	Do you maintain an establis	hment with facilities for the repartment with the repart	air, alteration, or equipp	oing of your fleet of	f motor vehicles or traile	ers?
	Do you maintain an establis	hment with facilities for the repartment with the repart	air, alteration, or equipp	oing of your fleet of	f motor vehicles or traile	ers?
6.	Do you maintain an establis 6a. If yes, what is the second of the secon	hment with facilities for the repartment with the repart	City this application is true a	ST	f motor vehicles or traile q YES q NO Zip Code	
The bel:	Do you maintain an establis 6a. If yes, what is the second of the secon	hment with facilities for the repartment of the location? Street hat all information contained in shable by fine, imprisonment, o	City this application is true ar both.)	ST	f motor vehicles or trailed and YES q NO Zip Code est of my (our) knowled	
The bel:	Do you maintain an establis 6a. If yes, what is the second of the secon	hment with facilities for the reported he location? Street hat all information contained in shable by fine, imprisonment, or	City this application is true ar both.)	ST	f motor vehicles or traile q YES q NO Zip Code	

 $(\textit{If a corporation, include the title of the officer or duly authorized agent. If a partnership, both partners \textit{must sign.})}$